



State of New Jersey
Department of Environmental Protection
Div. of Water Supply and Geoscience
Bur. Of Water Allocation and Well Permitting
Mail Code 401-03

401 East State Street – P.O. Box 420 Trenton, NJ 08625-0420
E-Mail: Wellpermitting@dep.state.nj.us FAX# (609) 633-1231

INCOMPLETE WELL SEARCH REQUESTS WILL BE RETURNED FOR MORE INFORMATION

Individual Well Search Questionnaire

REQUESTOR'S NAME: _____

- ☐ DRILLER ☐ ENVIRONMENTAL CONSULTANT ☐ HEALTH OFFICER
☐ PROPERTY OWNER ☐ OTHER _____

ADDRESS/CITY/STATE/ZIP: _____

TELEPHONE #: _____ FAX #: _____

E-MAIL ADDRESS: _____

REASON FOR WELL SEARCH REQUEST:

- ☐ DECOMMISSION WELL ☐ ENVIRONMENTAL INVESTIGATION/REMEDATION
☐ OTHER: _____

SEARCH FOR WELL ABANDONMENT REPORTS? ☐ YES ☐ NO

WELL USE: ☐ DOMESTIC/POTABLE ☐ IRRIGATION ☐ AGRICULTURAL
 ☐ MONITORING/ENVIRONMENTAL ☐ INDUSTRIAL ☐ PUBLIC SUPPLY
 ☐ OTHER _____

WELL PERMIT NUMBER (if known): _____ LOCAL ID (if applicable): _____

LIST ALL PREVIOUS OWNERS NAMES, BUILDER, ETC.: _____

YEAR WELL WAS INSTALLED: _____ (Approximate if not known)

LOT #: _____ BLOCK #: _____ (current and at time of installation)

STREET ADDRESS: _____

CLOSEST STREET INTERSECTION: _____

MUNICIPALITY: _____ COUNTY: _____

WELL COORDINATES: Easting: _____ Northing: _____

ALL INFORMATION KNOWN ABOUT THE WELL (depth, diameter, casing material, length, driller, etc.)

WELL ABANDONMENT PROPOSAL (must be submitted by a licensed well driller)

DRILLER NAME: _____ REGISTRATION #: _____

METHOD: _____

NJDEP BWSWP USE ONLY

DATE: _____ SEARCH PERFORMED BY: _____

<u>WELL PERMIT</u> COPY INCLUDED _____ NOT ON FILE _____	<u>WELL RECORD</u> COPY INCLUDED _____ NOT ON FILE _____	<u>WELL DECOMMISSIONING</u> COPY INCLUDED _____ NOT ON FILE _____
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_____ Approval to decommission the well will not be granted until a written proposal outlining the method of decommissioning has been submitted to the Bureau of Water Systems and Well Permitting. Proposal must include total depth, diameter, casing material and length.

_____ Other: _____

APPROVAL TO ABANDON:

DATE: _____ NAME: _____ APPROVAL #: _____